FOR INSTRUCTIONS, SEE BACK OF FORM **DISCLOSURE SUMMARY PAGE**

File with: lowa Ethics and Campaign Disclosure Board

Effective January 1, 2010, all statements and reports filed by new committees

510 E. 12", Ste. 1A		electronically and effective January 1, 20 by all committees for state office must be		
Des Moines, lowa 50319 Fax: 515-281-4073	electronically.	•		2
	Effective May 1, 2010, all sta Parties must be filed electron	tements and reports for State PACs and	State	
	raugs must be med elocutor	Reset Form	1	?;
COMMITTEE NAME (Mus	be same as on Statement of O	genization)	ヿ	ယ
R. tla Comit	A and I want	Contral CommiTTER	FOF	····
IMPORTANT: Indicate by # vi	pe of committee you are reporting to	C 24		R-2 DISCLOSURE
(1)Statewide/Legislative/Juilg	e Standing for Retention Candidate	(2)State PAC (3)State Party addate (7)School Board or Other Political	1 1	12/2009) REPORT
Subdivision Candidate (#)(20		ol Board or Other Political Subdivision PAC	`!!	Ice Use Only
11) Local Ballot Issue				
CANDIDATE COMMITTEE Candidate Name	is only:	Political Party (if applicable)	1 1	1 in
			Compu	ner BW
Office Sought		District (if Senate or House)		1
Late reports are subject to pat	aible civil and criminal penalties.	Pursuant to lowa Code sections 68B.32A(7 of committee, is the individual responsible t) and 66A.40	1(3), the candidate, for a
candidate's committee, and in	e cremperson, for any dener type o	or commutate, is the maintidual respondible	Ot simil mises	and accurate reports.
	7	710 713 2164		3-17-11
SIGNATURE OF PERSON	THE RIGHT	3/4-26)-2690		DATE SIGNED
SKIRGURE OF PERSON	HLNU REPORT	IELEPHONE		
I AM FILING A	10-18-10	REPORT FOR (1) ELECTION /	(2)NON-ELE	CTION YEAR.
	(report daté)	Indicate by #		•
ENGLIST IS ALICHOMENT	TO REPORT DATED			es, enter Date of Election
MOLIEGE II WINTHENDINE.	TOREFORD DATES		COMMINGE	es, enter ozer of Election
	nination) report and attach Notic		County & Local	Committees, enter County in
(You must contin u	e to file reports until a DR-3 is fi		vhich Election i	
STATE	MENT OF CASH ON HA	ND	•	
CASH ON HAND at the beg	jinning of the reporting period. (Total of all funds held by the		
committee. This a	mount MUST be the same as the	io cash on hand at the end s first report filed.)	•	3199.91
	JEY TAKEN IN THIS PERIOD	mot tobolt model immirrantemental		
	·-· ·· ·· · · · · · · · · · · · · · · ·	edule A) (*elso see in-kind below)		908,00
		Je F)		
	•	Attach Schedule H)		
	e H applies to Candidates' Co			
Taring.	A CONTRACTOR OF THE PARTY OF TH	SUB-TOTAL	2	4007.91
SHETPACT TOTAL	AL MONEY SPENT THIS PERI			
		B) (**also see debts and loans below)		1708,25
	• • • • • • • • • • • • • • • • • • • •	dule F)	_	
		report balance must be zero)	_	2299,66
		•		
		**************************************	_	
		hedule E)	_	
	•	idule F)	-	
CONSULTANT BREAKDS	WN (Schedule G Attached?)			res no
CANDIDATE COMMITTEE	<u>SONLY:</u>			
VALUE OF CAMPAIGN PR	OPERTY (From Schedule H - /	Attach Schedule H)	\$ _	
STATE COMMITTEES, S.	oe ademies ballsasses a daub	count bank statement in January of each	-	

Reset Form

For Instructions, See Back of Form	For	Instructions.	See Br	ick of	Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Butter County Republicant Control Country (TRA

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC II) NUMBER (If at plicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
8/3/10	ID# CK# 3:108	Bill Div		\$ 2/ =	HACOVIE
8/3/10	CK# Cash	Penny Jat Cu. fair robeposted		27.	-
10/14/10	ID# CK# 5/2/	Mary Jenson 1979 3 Vail Ave Clorks Ville, IA 50619		20.	~
10/14/10	CK# 5771	Brion Kruse 19613 170005 Greens, IA 50636		20	~
10/14/16	ID# CK# #.303	Rockelle Adkins 4129 Spruc Hill Dr Ceder Falls, IA 50413		10	
10/14/10	ID# CK# 1/68	Mark Reiher 33397 Beaver Valley BT New Harford IA SCORP		10	س
10/14/10	CK# 1/45	Richard Menkings 172 W. I Ignifitz Ave Clarks VIIV IA 50619 Bo	r535	20	<u>-</u>
10/14/10	то# ск# чо75	Many Olden Burger 30137 Hay 14 Parkers have Ft 50465		25	-
19/1/10	ID# CK# 3 264	Patrick Grossky 30001 Dertrail Dr. Shell Rock EA SOUGO		25	
10/1/10	CK# 3303	JULN HECKMAN 21183 YOU AVE Shall Rock IA 50670		20	-
	<u></u>	TOTAL (If last page	SUB-TOTAL of this schedule)	s /99	

* Disclosure law requires candifate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of concanquinity (blood relatives) and affinity (relatives by marriage). If surrame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (Sylvery A)

For Instructions, Sen Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS WONEY TAKEN IN	10001 0111	A (Rev. 07/03)	MONETARY RECEIPTS
(Including candida se's personal funds) COMMITTEE NAME (N'ust be same as on Statement of Organization)			CK THIS BOX IF
Buther Gust, Republicari Contral Committee		AVL	ADING FORM

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DATE RECEIVED (MM/DDYR)	PAC 1) NUMBER (if a policuble) AND FAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
19/14/10	CK# (* 094	Louis Squires 12 454 Hickory Auc Greens, FA 50636		70,-	س
10/14/10	CK# 2982	B: // Bix 317 S. Walnut Box 230 Shill Roch IA 50670		25-	-
10/14/10	CK# 5346	Keith Burgiam als Lurna ST Waterloo, FA 50707		20,-	<u></u>
10/14/10	CK# 41593	Tanica Tacobs 409 Spruce ST Box 286 Allison FA 50602		10:	
10/14/10	ID# CK# Z89	Tom Heidenwirth 708 N. Bluff St Greens, EA SOUZE		20.	-
10/17/10	ID# CK#	Bril Dix 317 SWalnut Box 220 36/1 Rock, IA 50670		75,-	-
טולדולים	CK# CAS h	full fund Raiser		390	سا
	CK#				
	ID# CK#				
	ID#				
	<u> </u>		SUB-TOTAL	\$ 610	

TOTAL (If last page of this schedule)

* Disclosure law requires cark idate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by mannage). If surname of contributor is the same as condidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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3.6	177		Lou	100
			_	ì

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLLIMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF AMENDING FORM				

Butte	~ Co. 120	rublican Central Com	mittee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE / ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/16/10	CK# 34 219	U.S. Postal Service	mail flagate winders	\$ 9.80
8/4/10		Luke Tjælon	somety bone	25,00
8/4/10	CK# 34 3 1	Notan Litterer 24953 timple Are Shill Rock, I NSGL10	gues of fair	27.00
	CK#343Z		latela popcom boja	184,04
	CK# 3745:1	Clarkeville Hunch	rentit for bldg for foll fundraisin	50.00
10/14/10	CK# 343.5	only mist	meat for fall fundulain	112.41
14/10	ID# 3 43 (e	Clarasville IA Friendlefor Billey	Campaign Sonation	1300,00
	ID# CK#			
			SUB-TOTAL	\$

THIS BOX APPLIES TO CAHDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entitie: providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lova Code 68A.402(3)(i).)

		1
Page	of	/

TOTAL (if last page of this schedule)

708.25